

### REMARKS

Claims 10; 13; 17; 20; and 21 have been amended. Claims 14 to 16; 23; and 24 have been cancelled. Claims 1 to 9 and 14 to 16 were previously canceled.

Claims 10 to 13; 17; 18 to 21; and 22 remain in the application. Of these, claims 10, 17, and 21 are independent method claims.

Reexamination and reconsideration are respectfully requested in light of the amendments and the remarks that follow.

The claims, as filed, stand rejected under 35 U.S.C. § 102(b) based upon Poddar (US 5,102,413).

Independent claims 10; 17; and 21 has been amended to define a method comprising selecting a bone for treatment having cortical bone enclosing a cancellous bone volume and providing a cannula that will be introduced into the bone.

As defined in amended claim 10, the cannula includes a side wall that defines an internal bore aligned along an axis, a distal region, and an opening in the side wall having a distal terminus. As further defined in amended claim 10, the cannula includes and a bone engaging structure on the distal region of the cannula spaced, at least in part, distally of the distal terminus of the opening to anchor the distal region in cortical bone. As defined in amended claim 10, the method introduces the cannula distal region first into the bone, places the bone engaging structure into engagement with an interior surface of the cortical bone to anchor the distal region in cortical bone, inserts an expandable structure through the internal bore of the cannula into registration with the opening, and expands the expandable structure from within the internal bore through the opening in the side wall into contact with cancellous bone.

As defined in amended claim 17, the cannula includes a side wall defining an internal bore aligned along an axis, a distal region, and a distal opening in the distal region communicating with the internal bore to accommodate passage of a guide pin. The cannula also includes an opening in the side wall extending partially about the side wall and being elongated along the axis. As further defined in amended claim 17, the method introduces a guide pin into the bone, introduces the cannula distal region first into the bone by passing the guide pin through the distal opening and the bore, withdraws the guide pin, and inserts an expandable structure through the internal bore of the

cannula into registration with the opening. The method also expands the expandable structure from within the internal bore through the opening in the side wall into contact with cancellous bone.

As defined in amended claim 21, the cannula includes a side wall defining an internal bore aligned along an axis, a distal end, and an opening in the side wall. The opening extends partially about the side wall and is elongated along the axis and includes a distal terminus at which the internal bore terminates. As further defined in amended claim 21, the method introduces the cannula distal region first into the bone, inserts an expandable structure through the internal bore of the cannula into registration with the opening, expands the expandable structure from within the internal bore through the opening in the side wall into contact with cancellous bone to form a cavity in cancellous bone; and flows a volume of a filling material into the cavity.

The applicant respectfully traverses the rejections based upon Poddar in view of theses amendments, because (i) Poddar does not teach or suggest introducing a cannula distal region first into a bone, which distal region is anchored by a bone engaging structure that engages an interior surface of cortical bone so that an expandable structure can be expanding from within the bore through an opening in the side wall of the cannula into contact with cancellous bone (independent claim 10); (ii) Poddar does not teach or suggest introducing a cannula distal region first into a bone over a guide pin, which is passed through a distal opening and bore of a cannula, and which is then withdrawn so that an expandable structure can be expanding from within the bore through an opening in the side wall of the cannula into contact with cancellous bone (independent claim 17); and (iii) Poddar does not teach or suggest expanding an expandable structure from within an internal bore of a cannula through an opening in the side wall of the cannula into contact with cancellous bone to form a cavity in cancellous bone; and flowing a volume of a filling material into the cavity (independent claim 21).

Application Serial No. 10/001,937

Amendment E

Page - 6 -

Allowance of claims 10 to 13; 17; 18 to 21; and 22 as amended is respectfully requested.

Respectfully Submitted,

By

  
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